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CONFIRMATION NO. 9797

<b>SERIAL NUMBER</b> 10/764,857	<b>FILING OR 371(c) DATE</b> 01/26/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1612	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Arthur Zaks, Fort Lee, NJ; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/442,827 01/27/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/30/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 11
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> ARTHUR ZAKS 1512 PALISADE AVENUE SUITE 6F FORT LEE, NJ07024				
<b>TITLE</b> Method for inducing pain relief using imidazo[1,2-a]pyridine derivatives				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	